



2010 National Consultation Report

Office of Refugee Resettlement

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Administration for Children and Families

Department of Health and Human Services



2010

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Executive Summary

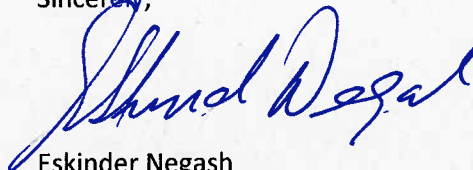
As the Director of the Office of Refugee Resettlement (ORR) and as a former refugee, my goal for ORR's 2010 National Consultation was simple: it had to be meaningful and action oriented. Like many of you, over the years I attended conference after conference discussing refugee resettlement issues. But often, I left those conferences wondering if anything meaningful had happened and what action I should take to improve resettlement services once I returned to the office. This report is ORR's effort to capture the meaningful exchange of ideas that occurred during the consultation. It is also an effort to succinctly identify action items for ORR to focus on in the coming year.

ORR's 2010 National Consultation was designed to foster solution-focused discussion around resettlement planning, health and mental health, employment and refugee families. The consultation also featured a listening session dedicated to refugee community leaders and community members who expressed interest in presenting their ideas on how to improve the United States Refugee Resettlement Program to the leadership of ORR and its umbrella agency, the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). As a result of these discussions ORR received recommendations in 21 key areas:

- Communication with Stakeholders
- Secondary Migration
- Medical Cases
- Cultural Orientation
- Data Collection
- Culturally Competent Services
- Standardized Screenings
- Healthcare Reform
- Transportation
- Daycare Services
- Job Readiness
- Professional Recertification
- Entrepreneurship
- Intensive Case Management
- Meat Packing Industry
- Refugee Seniors
- Refugee Youth
- Domestic Violence
- Travel Loans
- Refugee Empowerment
- Housing

This report details new strategies, policies and partnerships that ORR is pursuing to improve resettlement services in response to consultation with stakeholders. The last section of this report summarizes these efforts in a matrix of action items. I look forward to updating stakeholders on the progress ORR has made with these action items when ORR convenes its next consultation in 2011. Let us all continue our life saving and life changing work as we give newly arriving refugees a leg up in rebuilding their lives.

Sincerely,



Eskinder Negash

Director

Office of Refugee Resettlement

Introduction

The Refugee Act of 1980 directs ORR to consult with its partners on a regular basis. ORR's national consultations play a key role each year in increasing coordination and communication amongst federal, state, non-profit, and other partners. Each year, officials from the U.S. Department of State and U.S. Department of Homeland Security, along with states and other grantees, meet in our nation's capital to consult on the critical issues facing newly arriving refugees and to develop policies and strategies for the placement and resettlement of refugees. This report captures the key policy and strategy recommendations from ORR's 2010 National Consultation and lays out ORR's responses.

ORR's 2010 National Consultation was held over a two-day period from Monday, June 7, 2010 to Tuesday, June 8, 2010 at the Grand Hyatt Hotel in Washington, D.C. The consultation marked the thirtieth anniversary of the enactment of the Refugee Act of 1980 which standardized resettlement services for all refugees admitted to the United States. This was reflected in the theme for the consultation, *Honoring 30 Years of Service: Commitment, Hope, and Dignity*.

Approximately 800 members of the refugee resettlement network attended the consultation including over 200 refugees and representatives from ethnic community-based organizations. ORR placed special emphasis on including members of the refugee community in the consultation process as a way of encouraging all participants to make the refugee voice central to the policies and strategies discussed. To facilitate this, ORR convened a listening session and invited refugees to assess the effectiveness of existing resettlement services and suggest innovative programming to improve services.

The consultation also featured several, small-group dialogue sessions in addition to the traditional plenary sessions and workshops. The dialogue sessions were designed to facilitate effective consultation between ORR and its partners in the following five areas and are the focus of this report:

1. Resettlement Planning
2. Health Conditions and Refugee Services
3. Mental Health
4. Employment: The Challenges of Work and Where the Jobs Are; and
5. The Refugee Family – A Holistic Approach to Integration

The policy and strategy recommendations discussed in this report were taken from the five dialogue sessions and the listening session. This report is organized by each of the dialogue session topics. The dialogue sessions on Health Conditions and Refugee Services and Mental Health are consolidated into one section, Health and Mental Health, because of the common themes between the two topics. The input from refugees (i.e., the listening session) is highlighted throughout this report and in a designated section, *Refugee Voice*.

ORR is committed to on-going consultation with refugees, the refugee resettlement network and other stakeholders and appreciates the solution-focused feedback many contributed. The recommendations in this report and ORR's responses will serve as building blocks for next year's consultation.

Resettlement Planning

The dialogue session on resettlement planning made a concerted assessment of the current state of the U.S. Refugee Resettlement Program. The discussion resulted in recommendations to enhance communication with stakeholders and focus future efforts in four key areas: 1) Secondary Migration; 2) Medical Cases; 3) Cultural Orientation and 4) Data Collection. This section of the report summarizes the recommendations ORR received on this topic, including related comments from refugees who addressed the ACF leadership during the listening session. This section also includes ORR's responses to the various recommendations.

▪ **Communication with Stakeholders**

Participants identified the need for enhanced communication and collaboration during the resettlement planning process. Participants noted that efforts to improve communications should start on an interagency level between ORR and the State Department's Bureau of Population, Refugees and Migration (PRM) and extend to the resettlement network (e.g., refugees, states, Voluntary Agencies, ethnic community-based organizations) and local communities. Participants identified specific actions that could be taken to achieve enhanced communication as follows:

1. Establish a formal process for all stakeholders to be informed about changes and relevant data;
2. Synchronize interagency annual budgets and grant cycles at the federal level so that resources are pre-positioned prior to refugees' arrivals; and
3. Engage local decision-makers (e.g., mayors, school boards) by conducting orientations to the refugee resettlement program.

ORR agrees with these recommendations and has taken several steps to achieve the proposed actions. Beginning in calendar year 2011, ORR and PRM will co-host quarterly placement planning consultation meetings for key partners to attend in-person or through virtual meeting technology. These meetings will be the key mechanism for sharing information with partners. The refugee resettlement network will have an opportunity to frame these discussions by contributing to the agenda for each meeting.

ORR is also working to pre-position resources so that they are available when refugees arrive. ORR used its existing statutory flexibility to allocate funds based on two years of retrospective data rather than three. This change allowed ORR to fund the resettlement network based on data that is more representative of current needs in receiving communities across the nation. ORR also made changes to its Refugee School Impact grant program and is exploring additional strategies to better synchronize its grant cycles and maximize grant funding in the best interest of refugees.

ORR values its partnerships with various members of the resettlement network, including local decision-makers. ORR routinely meets with local advisory councils, congressman, mayors, state appointed officials responsible for administering local health and human service programs, school officials and others. Since ORR's 2010 National Consultation, ORR representatives have met with several local key decision-makers (e.g., officials in Minnesota, Michigan, California, Ohio, Illinois, Georgia, Texas). ORR also encourages the resettlement network to engage local decision-makers in advocacy of refugees.

Resettlement Planning

Looking forward, ORR will reexamine its process for engaging local leaders to determine how communication can be enhanced.

▪ Secondary Migration

Participants noted that there is inadequate information concerning secondary migration and recommended that the refugee resettlement network collect data about which states refugees are moving to, the services (if any) refugees receive in their new state and the reasons prompting the move from the state of initial resettlement. Other participants (who have presumably identified employment as the primary reason for secondary migration) suggested that the resettlement network partner with refugees and employers to discuss working conditions and other implications of relocation.

ORR agrees that more information is needed in this area. In response, ORR plans to focus a portion of the next Annual Refugee Survey on secondary migration. The survey will assist the resettlement network in operationally defining secondary migration, determining its root causes and identifying the fiscal impact (if any) on the US Resettlement Program. ORR views secondary migration as a reflection of the initial placement's effectiveness and recognizes that in some cases secondary migration is a careful decision reached by refugees working to resettle themselves. With regard to the second suggestion, ORR believes the first step in responding to secondary migration is to have a better understanding of it. After this step, if employment is determined to be the primary reason for secondary migration, ORR will work with its training and technical assistance providers to facilitate discussion around working conditions and other implications of relocation.

▪ Medical Cases

Participants stressed the need for seamless transition of refugees' medical information from the overseas refugee camp to the state of initial and secondary resettlement. Participants recommended that a refugee's medical history be sent to the receiving state before the refugee arrives, especially in cases involving refugees with disabilities or HIV/AIDS.

ORR agrees with this recommendation and holds that states should receive refugees' medical information after a Voluntary Agency provides sponsorship assurance. ORR is partnering with the Centers for Disease Control and Prevention (CDC) within HHS to explore what steps HHS can take to make the process of conducting overseas medical screenings and providing follow-up care in the United States more seamless. ORR and CDC have established an interagency workgroup for this purpose. The first workgroup meeting was held in January 2011.

▪ Cultural Orientation

Cultural orientation emerged as a key topic within the resettlement planning dialogue and the listening session. (Other dialogue sessions also touched on this topic). Participants emphasized the need for accurate and realistic cultural orientation. Participants recommended that cultural orientation introduce refugees to the local communities where they will resettle and include an explanation of local laws (e.g., child welfare, domestic violence, driver's education). Refugees in the listening session added

Resettlement Planning

that the resettlement network should make use of emails and other interactive and technological methods when conducting cultural orientation.

ORR agrees with these recommendations. ORR currently funds the Center for Applied Linguistics to provide training and technical assistance related to domestic cultural orientation. (PRM currently funds CAL for overseas cultural orientation). ORR will invite CAL, PRM, the UN Refugee Agency (UNHCR) and others to explore a locality-specific approach to cultural orientation and the type of technology that would compliment that approach. ORR envisions domestic cultural orientation that provides refugees with a virtual tour of their respective new hometowns and a resource map that shows where refugees can access specific services (e.g., employment, housing and healthcare).

▪ **Data Collection**

Participants suggested that information about resources at the state and local levels would improve placement and resettlement planning. Participants recommended that ORR develop a clearinghouse of information that identifies resources in each state and other community characteristics. Participants noted that this would improve specific placement decisions as well as longer-term strategic planning.

ORR agrees with this recommendation. Since ORR's 2010 National Consultation, ORR has published the *State Programs Annual Overview*, an on-line, interactive map of the United States where refugees, resettlement professionals and the general public can click on a state to identify ORR-funded programs, services and contacts available in a particular state. This milestone supports ORR's guiding principle of data informed decision-making while promoting transparency and accountability. ORR plans to expand on this resource by adding information about mainstream social services (those not funded by ORR) and other community characteristics (e.g., unemployment rate, local minimum wage, housing programs, healthcare initiatives, etc).

Health and Mental Health

This section of the report folds two dialogue sessions together: 1) Health Conditions and Refugee Services and 2) Mental Health. Both dialogue sessions emphasized the importance of accessing culturally competent services and standardizing screenings. The dialogue session on health featured a separate discussion on how healthcare reform impacts refugees as provided for under the Affordable Care Act. This section of the report summarizes the recommendations ORR received around these discussion points. This section also includes ORR's responses to the various recommendations.

- **Culturally Competent Services**

Participants identified culturally competent health and mental health services as a critical aspect of promoting refugee health. Participants recommended that refugees have access to certified medical interpreters when receiving medical services and interpreters trained in mental health services when receiving clinical or psychiatric care. Participants also recommended that mental health practitioners assess behaviors within the refugee's cultural context and distinguish between serious mental illness and adjustment disorders.

ORR agrees with these recommendations. ORR is partnering with the Office of Civil Rights (OCR) within HHS to increase refugees' access to interpreters when receiving health and social services. Since ORR's 2010 National Consultation, ORR and OCR produced a training video on this subject. That video will be available on the ACF YouTube channel with links from the ORR website. ORR is also pursuing a partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) within HHS to identify a continuum of approaches for promoting healthy transitions among newly arrived refugees and treating mental disorders when needed.

- **Standardized Health and Mental Health Screenings**

Participants of the dialogue sessions on health and mental health raised the need for standardized screenings upon initial resettlement. Participants recommended that ORR provide guidance and training in this area.

ORR agrees with this recommendation. Currently, states conduct domestic health assessments according to the 1995 ORR Medical Screening Protocol issued under State Letter 95-37. (Many states have incorporated additional state requirements to supplement the ORR protocol contributing to the differences between states). In response to stakeholders' input, ORR has partnered with CDC to develop medical screening guidelines on a number of health conditions. The mental health screening guidelines are currently in the final stages of clearance. Screenings relating to malaria, intestinal parasites, lead poisoning, HIV, medical histories and physicals, immunizations, tuberculosis and sexually transmitted diseases are now available on the CDC website with links from the ORR website.

- **Healthcare Reform**

Participants of the dialogue session on health anticipated a need for patient advocates, orientation and public health education as a way of introducing healthcare reform to refugees and the

Health and Mental Health

resettlement network. Participants recommended that ORR establish a workgroup to prepare for healthcare reform.

ORR agrees with this recommendation. ORR is preparing for healthcare reform by participating in the ACF workgroup, training the ORR Health Team on the provisions of the Affordable Care Act, informing the resettlement network of healthcare-related funding opportunity announcements within HHS and issuing fact sheets on health care reform to explain that refugees are eligible for the same protections and benefits under the Affordable Care Act as United States citizens. Since ORR's 2010 National Consultation, ORR also awarded a \$500,000 grant to the Massachusetts Department of Public Health to serve as an information clearinghouse on refugee health and mental health, including preparing refugees and the resettlement network for healthcare reform.

Employment

The dialogue session on employment identified barriers to employment and alternatives to traditional employment services. Barriers to employment included lack of the following: transportation, daycare services and job readiness training. The group emphasized professional recertification, an entrepreneurship track towards self-sufficiency, and intensive case management as alternatives to traditional employment services, and some participants raised working conditions in the meat packing industry as a significant health concern. This section of the report summarizes stakeholders' recommendations for increasing employment among refugees. This section also includes ORR's responses to those recommendations.

■ Transportation

Participants indicated that lack of transportation to and from work is a significant barrier to employment, especially paramount in neighborhoods with low-cost housing where public transportation was described as even less accessible. Participants recommended that Voluntary Agencies provide transportation subsidies, negotiate with employers to provide transportation and promote carpooling among refugees.

ORR recognizes lack of affordable and accessible transportation as a challenging barrier to employment. Current program rules permit states and Voluntary Agencies to use federal funding for refugees' employment-related travel. Refugees can also purchase a car through ORR's Individual Development Account (IDA) program (i.e., a matched-savings program) if the car is necessary for employment or educational purposes. Many states also have programs that can assist refugees in purchasing their first car.

■ Daycare Services

Participants listed lack of daycare services as another barrier to employment, especially for single-parent households. Participants recommended that ORR provide funding to cover daycare costs and to support refugees interested in starting a daycare business in their homes.

ORR agrees with both recommendations. Current program rules permit states and Voluntary Agencies to use federal funding to cover the costs of daycare services related to refugees' employment. Looking forward, ORR also plans to partner with the Office of Child Care within ACF/HHS to inform stakeholders about subsidized daycare through mainstream resources. Secondly, ORR is in the process of establishing new programming that would assist refugees, especially single-parents, in providing home-based daycare services as an independent business.

■ Job Readiness

Participants of the dialogue session on employment (as well as refugees who addressed ACF's leadership during the listening session) advocated for increased job readiness training, to include English as a Second Language (ESL) instruction and vocational training. Participants recommended that ORR extend the Refugee Cash Assistance period beyond eight months to allow more time for job readiness training. Participants also recommended that ORR partner with the U.S. Department of Labor (Labor) to provide industry-specific vocational training to refugees.

Employment

ORR's regulatory discretion to extend the cash and medical assistance period is based on appropriated funds available for a given fiscal year. ORR does not anticipate that funding will be available in Fiscal Year 2011 to extend case and medical assistance periods.

ORR agrees with the second recommendation and is pursuing a partnership with Labor to explore mainstream social service programs that could promote self-sufficiency among refugees by:

1. Developing industry-specific vocational training in high demand fields such as health care, information technology and advanced manufacturing; and
2. Making Individual Training Accounts (authorized under the Workforce Investment Act of 1998 or WIA) available to qualified refugees so they can pay for vocational training from a list of eligible training providers.

▪ Professional Recertification

Participants commented on the paradox that physicians and other professionals face when they are forced to accept entry-level positions (e.g., factory jobs, taxi driver) because their professional credentialing is not automatically recognized in the United States. Participants reasoned that making gains in professional recertification is one strategy for increasing employment among refugees. Participants also noted that the existing professional recertification process is expensive, time-consuming and varies in procedure from state to state. The group recommended that ORR identify funding to cover the costs of professional recertification. The group also recommended that ORR partner with Labor and the Department of Education (Education) to establish special pathways for refugees seeking to recertify their professional credentials.

ORR agrees with both recommendations. Under current program rules, refugees may apply their matched savings from ORR's IDA program towards post-secondary education, including professional recertification. Since ORR's 2010 National Consultation, ORR has also established partnerships with the mainstream equivalent of the IDA program, *Assets for Independence* (AFI). Refugees may participate in the IDA and AFI programs simultaneously and apply matched savings from both accounts towards professional recertification. In addition, ORR is pursuing a partnership with Labor and Education to consider establishing standardized requirements for professional recertification of refugees across state lines and waiving processing and examination fees.

▪ Entrepreneurship

Participants emphasized that all refugees are not the same and that the goal of self-sufficiency should be set in the context of each refugee's background and interests. Participants recommended that ORR establish an *entrepreneur track* of self-sufficiency as an alternative strategy to traditional employment.

ORR agrees with this recommendation. The intent of ORR's existing microenterprise, IDA and rural agriculture program is to offer refugees the option of entrepreneurship. To date, ORR has provided over \$10 million in financing to refugee entrepreneurs in 15 states through the microenterprise program and approximately \$6 million in matched savings through 22 IDA grantees. As a next step, ORR plans on linking refugee business owners with mainstream resources such as AFI and the Small Business Administration.

Employment

■ Intensive Case Management

Participants of the dialogue session on employment (as well as refugees who addressed ACF's leadership during the listening session) stressed the need for intensive case management services, especially for those refugees who are dealing with multiple challenges (e.g., health and mental health, job readiness, housing). Participants recommended that ORR provide additional funds for more intensive and longer-term case management services.

ORR agrees with this recommendation. ORR currently provides intensive case management services through the following programs: Preferred Communities; Matching Grant and Wilson-Fish. (ORR also provides comprehensive case management to victims of trafficking and certain family members through a per capita service contract.) ORR holds that resettlement services must be strengths-based and client-centered to respond to the individual abilities, needs and goals of each person including those with special needs, such as torture victims and 'warehoused' refugees who were born and raised in refugee camps. Accordingly, the President's FY 2011 Budget requested funds for an *Intensive Case Management Discretionary Grant Program* so that refugees can receive tailored services through intensive, longer-term case management.

■ Meat Packing Industry

Participants focused on the active recruitment of refugees by the meat packing companies. Participants expressed concern that the meat packing industry may be exploiting refugees and subjecting them to dangerous working conditions in areas with little to no support services for refugees. This discussion resulted in a recommendation for State Refugee Coordinators (SRC) and other state level officials to engage meat packing plants in providing safer working conditions.

ORR agrees that SRCs and other state officials should work to end exploitation of any worker, especially refugees who may be more vulnerable to exploitation because of differences in language and culture. To date, ORR is not aware of any specific cases of exploitation, but encourages investigation and intervention as needed.

Refugee Families

The dialogue session on refugee families highlighted ways to care for individual members of the family (e.g., seniors and youth) and to strengthen the whole family as a unit. Participants focused on refugee seniors and refugee youth as two groups that need specialized attention within refugee families. Participants also indicated that refugee families would be strengthened by breaking the cycle of domestic violence and alleviating the financial burden of repaying the travel loan taken for refugee families to travel from the refugee camp to the United States. This section of the report summarizes recommendations ORR received to improve services to refugee families. This section also includes ORR's responses to those recommendations.

▪ Refugee Seniors

Participants described refugee seniors as being especially vulnerable and more likely to experience isolation and challenges in adjusting to a new language and a new way of life. Participants recommended that refugee resettlement professionals who have direct interaction with refugee seniors should be provided with specialized training in caring for geriatric populations. As a result of the training, refugee resettlement professionals should know where to refer older refugees for specific needs.

ORR agrees with this recommendation. ORR currently has a Memorandum of Understanding with the Administration on Aging (AoA) within HHS to provide technical assistance so that elderly refugees successfully access AoA community based programs. ORR will work to publicize this partnership and resulting resources more widely.

▪ Refugee Youth

Participants emphasized the importance of encouraging education as refugee youth transition into adulthood. Some participants linked poor academic performance during late adolescence to increased vulnerability for delinquency or radicalization. Participants recommended that ORR partner with Education, local departments of education, experts on refugee youth and refugee communities to prioritize education among refugee youth.

ORR agrees with this recommendation. In FY 2010, ORR awarded \$15 million dollars in grant funding to increase parental involvement, encourage high school completion and provide support services to school-aged refugees between five and 18 years of age. In addition, ORR is pursuing a partnership with Education to explore the following proposed initiatives:

1. Identify various programs funded by Education that may benefit refugee youth under eighteen years old;
2. Identify various programs that may benefit refugee adult learners (i.e., refugee youth between eighteen and twenty-five years old) pursuing vocational or postsecondary education; and
3. Train teachers, principals, social workers, nurses and other local school professionals on the unique strengths, needs and resources of refugee youth.

Refugee Families

▪ Domestic Violence

Participants identified domestic violence as a service gap within the resettlement network. Participants recommended that ORR appoint a staff person to focus on domestic violence issues in refugee families. Participants recommended that through the appointed staff person, ORR should develop policies and procedures relating to domestic violence. Participants also recommended that ORR partner with the Family and Youth Services Bureau (FYSB) within ACF/HHS.

ORR agrees with this recommendation. Due to recent changes in staffing, ORR has not been able to appoint a staff person to focus on domestic violence issues, but intends to do so in the near future. That staff person will focus on domestic violence and strengthening refugee families in general. In the interim, ORR is partnering with FYSB's Family Violence Prevention and Service Program to provide culturally appropriate training and technical assistance to refugee communities.

▪ Travel Loans

Participants discussed the requirement for refugees to repay the travel loans taken in order to travel from refugee camps to the United States. Participants noted that many vulnerable refugees could not repay the airfare costs which were sometimes as high as \$18,000 depending on the size of the refugee family and the distance from the refugee camp to the United States. Participants recommended that refugee families receive some relief from the travel loan debt.

ORR agrees with this recommendation and recognizes the impact that such financial stress can have on refugee families. ORR has developed a proposal to waive the travel loan debt or defer payment. At this time the proposal is pending further review.

Refugee Voice

As a new feature of ORR's 2010 National Consultation, ORR convened a listening session dedicated to refugee community leaders and community members. During this session, refugees had the unique opportunity to consult directly with ORR and ACF leadership. Refugees presented their perspectives on current resettlement issues and made policy and strategy recommendations for ORR/ACF's consideration. As previously mentioned, refugees emphasized the need for:

1. Accurate and realistic cultural orientation through the use of technology;
2. Extended assistance periods beyond eight months to allow additional time for language acquisition, vocational training and overall job readiness; and
3. Intensive and longer-term case management services upon arrival

In addition, refugees identified refugee empowerment and housing as two critical issues in the current United States Resettlement Program. This section of the report summarizes refugees' recommendations on empowerment and housing. This section also includes ORR's responses to those recommendations.

■ Refugee Empowerment

Participants emphasized the old adage that information is power and indicated that refugees do not have enough information about their rights and responsibilities under federal and local laws. Participants recommended that the resettlement network share this type of information with refugees and solicit refugee input on a regular basis.

ORR agrees with this recommendation and has taken several steps to bring the refugee voice to the center of resettlement policies and strategies. ORR conducted outreach to refugee communities to ensure a strong representation during ORR's 2010 National Consultation. Since the consultation, ORR continues to meet and consult with refugees individually or in small groups. ORR will also consider revamping its website to target the refugee audience and make information about refugees' rights and responsibilities easily accessible.

■ Housing

Participants stressed the need for housing assistance in light of high unemployment rates and limited to no affordable housing options. Participants recommended that ORR provide housing vouchers or longer housing assistance for refugees who have not found jobs.

ORR agrees with this recommendation. In June 2009, as a result of the growing need for housing assistance, ORR used its existing regulatory discretion to allow interested states to provide transitional housing assistance through certain federal funds. ORR is also pursuing a partnership with the U.S. Department of Housing and Urban Development (HUD) to explore other housing-related community resources, including housing vouchers.

Action Plan

Session	Action	Potential Partners	Estimated Timeframe ¹
Resettlement Planning	Co-host quarterly placement planning meetings for key partners to attend in-person or through virtual meeting technology.	ORR, PRM, states, Voluntary Agencies, Ethnic Community-Based Organizations (ECBOs)	Quarterly
	Explore additional strategies to better synchronize its grant cycles and maximize grant funding in the best interest of refugees.	ORR	6 months
	Reexamine its process for engaging local leaders to determine how communication can be enhanced.	ORR	4 months
	Focus a portion of the next Annual Refugee Survey on secondary migration.	ORR	4 months to 16 months
	Identify steps that can be taken to create a seamless process of conducting overseas medical screenings and providing follow-up care in the United States (e.g., sending refugees' medical histories to states once sponsorship assurance has been made).	CDC and ORR	4 months
	Explore a locality-specific approach to cultural orientation and the type of technology that would complement that approach.	CAL, PRM, UNHCR	3 months
	Expand the on-line resource map, <i>State Programs Annual Overview</i> , by adding information about mainstream social services and other community characteristics (e.g., unemployment rate, local minimum wage, housing programs, healthcare initiatives, etc).	ORR	8 months

¹ Estimated timeframe refers to the number of months from January 2011.

Action Plan

Session	Action	Potential Partners	Estimated Timeframe
Health and Mental Health	Post the training video on meaningful access to the ACF YouTube channel.	ORR, OCR	3 months
	Identify a continuum of approaches for promoting healthy transitions among newly arrived refugees and treating mental disorders when needed.	ORR, SAMHSA	8 months
	Provide standardized guidance on how to conduct mental health screenings.	ORR, CDC	4 months
	Prepare for healthcare reform by participating in the ACF workgroup, training staff and informing the resettlement network.	ORR	On-going

Action Plan

Session	Action	Potential Partners	Estimated Timeframe
Employment	Establish new programming to assist refugees, especially single-parents, in providing home-based daycare services as an independent business.	ORR, OCR	12 months
	Explore mainstream social service programs that could promote self-sufficiency among refugees through vocational training in high demand fields (e.g., healthcare, information technology) and funding for post-secondary or vocational training.	ORR, Labor	12 months to 16 months
	Propose establishing standardized requirements for professional recertification of refugees across state lines and waiving processing and examination fees.	ORR, Labor, Education	12 months to 16 months
	Link refugee business owners with mainstream resources such as AFI and the Small Business Administration.	ORR	6 months
	Provide additional funds for more intensive and longer-term case management services.	ORR	Pending approval of the proposed FY 2011 budget

Action Plan

Session	Action	Potential Partners	Estimated Timeframe
Refugee Families	Publicize mainstream resources, services and partnerships for refugee seniors.	ORR, AoA	4 months
	Identify mainstream resources to assist refugee youth transitioning into adulthood (e.g., educational and vocational programs for refugee youth just under eighteen years old and refugee youth between eighteen and twenty-five years old).	ORR, Education	12 months to 16 months
	Train teachers, principals, social workers, nurses and other local school professionals on the unique strengths, needs and resources of refugee youth.	ORR, Education, local school systems	12 months to 16 months
	Appoint a staff person to focus on domestic violence and strengthening refugee families in general.	ORR	4 months
	Provide culturally appropriate training and technical assistance to refugee communities concerning domestic violence issues.	ORR, FYSB	On-going
	Propose a waiver or deferment concerning repayment of refugees' travel loan debt.	ORR, PRM, Voluntary Agencies	12 months to 16 months

Action Plan

Session	Action	Potential Partners	Estimated Timeframe
Refugee Voice	Revamping the ORR website to target the refugee audience and make information about refugees' rights and responsibilities easily accessible.	ORR	12 months
	Continue the option to use certain federal funds for transitional housing assistance.	ORR, states	On-going
	Explore the possibility of reserving housing vouchers for highly vulnerable refugees.	ORR, HUD	12 months to 16 months

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